

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/517643

FILING DATE

12-9-04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	1		
2	/		/	/		
3	/		2			
4	/		2			
5	/		1			
6	/		2			
7	/		1			
8	/		2			
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TOTAL IND.	1		1			
TOTAL DEP.	9	◀	19	◀	◀	
TOTAL CLAIMS	10		20			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					▼	
TOTAL DEP.		◀			◀	◀
TOTAL CLAIMS						